



Report Identification Number: SV-17-007

Prepared by: New York State Office of Children & Family Services

Issue Date: Aug 31, 2017

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children		
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardiopulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old



Case Information

Report Type: Child Deceased
Age: 2 year(s)

Jurisdiction: Ulster
Gender: Male

Date of Death: 03/08/2017
Initial Date OCFS Notified: 03/09/2017

Presenting Information

On 3/9/2017 the SCR received a report alleging the SC (age 2) passed away on 3/8/2017 at 11:52 pm as a result of a subdural hematoma with brain herniation and cardiac arrest. The FM's explanation was inconsistent with the SC's injuries. The role of the SS (age 3) was unknown.

Executive Summary

On 3/9/2017, Ulster County Department of Social Services (UCDSS) and Dutchess County Department of Social Services (DCDSS) received two reports about this death from the SCR. UCDSS was assigned primary responsibility and DCDSS was assigned secondary responsibility. These reports were subsequent to an open CPS case that began on 3/8/2017, after it had been reported that the 2-year-old SC was left alone with his 3-year-old SS while the FM was in the shower. The SC reportedly was found unconscious by the FM and 911 was called. The SC was air lifted to a medical center and was listed in critical condition. The SC subsequently died and the FM explanations were inconsistent with injuries the SC had sustained.

A joint investigation was conducted by UCDSS and LE. UCDSS initiated an immediate investigation which included contact with the source and all other required contacts. SCR and criminal history checks were completed and reviewed. Both FM and FF had no known history of drug or alcohol misuse.

In the first 24 hours of the investigation, UCDSS assessed the safety of the SS and SS was removed from the foster home and placed in alternative care. There were no other children in the care of the FM and FF.

The preliminary autopsy report ruled the SC death a homicide by shaking with optical nerve damage, bilateral retinal hemorrhage and subdural hematoma. UCDSS appropriately indicated the allegations of DOA/fatality, IG, IFCS, II, S/D/S and LS against the FM regarding the SC and the allegations of IG and LS against the FM regarding the SS. The FM left the SC and the SS alone for an undetermined amount of time. The FM had been instructed not to leave the SC and the SS alone without adult supervision as both children had special needs. The FM was the sole caretaker of the SC and the SS when the SC sustained his fatal injuries. The FM's explanation was inconsistent with the seriousness of the injuries that led to the SC death. The SS remained in Foster Care.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes



- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

The SS remains in foster care, with a permanency goal of adoption.

Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)? Yes No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 03/08/2017

Time of Death: 11:52 PM

Time of fatal incident, if different than time of death: Unknown

County where fatality incident occurred: Ulster

Was 911 or local emergency number called? Yes

Time of Call: 07:00 PM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

Did child have supervision at time of incident leading to death? No - but needed

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:



Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Male	46 Year(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Female	38 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)
Other Household 1	Unrelated Home Member	Alleged Perpetrator	Male	63 Year(s)

LDSS Response

UCDSS became aware of the fatal incident on 3/8/2017. The SC had been placed in this foster home by DCDSS due to parental neglect. The SC and the SS had been freed for adoption, in a pre-adoptive placement. On this date, the SC was found to have serious injuries, for which multiple inconsistent explanations were offered. UCDSS had primary responsibility for the investigation, and DCDSS secondary.

In the first 24 hours of the investigation, UCDSS assessed the safety of the SS that was still in the care of the foster parents at the time of the fatal incident. The SC and the SS were still in the custody of DCDSS. The SS was moved from the foster home and placed in alternative care. There were no other children in the care of the FM and FF.

The FM gave multiple explanations to LE and the first responders. The explanations were inconsistent with the injuries sustained by the SC. The only consistent statement made to LE and the first responders, was that the FM admitted to leaving the SC and the SS alone while she took a shower. The FM and FF refused to be interviewed by UCDSS based on the advice of their attorney. LE provided UCDSS with the information from their interviews with the FM and the FF. Although, the FM and the FF refused to speak with UCDSS, continued efforts were made. The FM did allow UCDSS access to the home to assess the SC's and the SS home environment.

Through the course of the investigation, UCDSS appropriately assessed the safety of all SS's and their placements. All adult subjects and other adults named in the report were provided with notice of existence of the report and interviews with the FM and FF were attempted. During the investigation UCDSS interviewed the source and all first responders. The SS was interviewed and observed. All appropriate collateral contacts were made, including pediatricians, treatment professionals, schools, family members and other caseworkers providing services in the home. An SCR history check was completed. A criminal history check was completed. Both the FM and the FF had no known history of drug or alcohol misuse. There had never been any concern about the level of care the SC and the SS were receiving. The caseworker had made all required contacts with the family.

The preliminary autopsy report ruled the SC death a homicide by shaking with optical nerve damage, bilateral retinal hemorrhage and subdural hematoma. UCDSS appropriately IND the allegations of DOA/fatality, IG, II, S/D/S and LS against the FM regarding the SC and the allegations of IG and LS against the FM regarding the SS. The FM failed to provide a minimum degree of care.

The FM left the SC and the SS alone for an undetermined amount of time. The FM had been instructed not to leave the SC and the SS alone without adult supervision as both children had special needs. The FM was the sole caretaker of the SC and the SS when the SC sustained his fatal injuries. The FM's explanations were inconsistent with the seriousness of the



injuries that led to the SC death.

The allegations of IF/C/S against the FM were UNF for the SC and the SS; the allegations for IG and IF/C/S against the FF and the FPGF for the SC and the SS were UNF. The FPGM did not reside in the home and had never even met the SC or the SS. The FF was not home at the time of the reported fatality and there was no credible evidence that the FF had any knowledge of the injuries sustained by the SC.

There were no criminal charges filed and no arrests had been made at the time of the writing of this report and the criminal investigation was on going. UCDSS appropriately closed their investigation and DCDSS's foster care services remained open for the SS.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

Comments: Ulster County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
040323 - Sibling, Male, 3 Year(s)	039801 - Foster Parent, Female, 38 Year(s)	Inadequate Guardianship	Substantiated
040323 - Sibling, Male, 3 Year(s)	039801 - Foster Parent, Female, 38 Year(s)	Lack of Supervision	Substantiated
040323 - Sibling, Male, 3 Year(s)	040321 - Foster Parent, Male, 46 Year(s)	Inadequate Guardianship	Unsubstantiated
040323 - Sibling, Male, 3 Year(s)	040322 - Unrelated Home Member, Male, 63 Year(s)	Inadequate Guardianship	Unsubstantiated
040421 - Deceased Child, Male, 2 Year(s)	039801 - Foster Parent, Female, 38 Year(s)	Internal Injuries	Substantiated
040421 - Deceased Child, Male, 2 Year(s)	040321 - Foster Parent, Male, 46 Year(s)	Internal Injuries	Unsubstantiated
040421 - Deceased Child, Male, 2 Year(s)	040322 - Unrelated Home Member, Male, 63 Year(s)	Swelling / Dislocations / Sprains	Unsubstantiated
040421 - Deceased Child, Male, 2 Year(s)	040322 - Unrelated Home Member, Male, 63 Year(s)	Internal Injuries	Unsubstantiated
040421 - Deceased Child, Male, 2 Year(s)	040321 - Foster Parent, Male, 46 Year(s)	Swelling / Dislocations / Sprains	Unsubstantiated
040421 - Deceased Child, Male, 2 Year(s)	040322 - Unrelated Home Member, Male, 63 Year(s)	Inadequate Guardianship	Unsubstantiated
040421 - Deceased Child, Male, 2 Year(s)	039801 - Foster Parent, Female, 38 Year(s)	DOA / Fatality	Substantiated



Child Fatality Report

2 Year(s)	Year(s)		
040421 - Deceased Child, Male, 2 Year(s)	039801 - Foster Parent, Female, 38 Year(s)	Swelling / Dislocations / Sprains	Substantiated
040421 - Deceased Child, Male, 2 Year(s)	039801 - Foster Parent, Female, 38 Year(s)	Inadequate Guardianship	Substantiated
040421 - Deceased Child, Male, 2 Year(s)	040322 - Unrelated Home Member, Male, 63 Year(s)	DOA / Fatality	Unsubstantiated
040421 - Deceased Child, Male, 2 Year(s)	040321 - Foster Parent, Male, 46 Year(s)	Lack of Supervision	Unsubstantiated
040421 - Deceased Child, Male, 2 Year(s)	040322 - Unrelated Home Member, Male, 63 Year(s)	Lack of Supervision	Unsubstantiated
040421 - Deceased Child, Male, 2 Year(s)	040321 - Foster Parent, Male, 46 Year(s)	DOA / Fatality	Unsubstantiated
040421 - Deceased Child, Male, 2 Year(s)	039801 - Foster Parent, Female, 38 Year(s)	Lack of Supervision	Substantiated
040421 - Deceased Child, Male, 2 Year(s)	040321 - Foster Parent, Male, 46 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The Foster parents declined being interviewed on the advice of their attorney.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 The SS was moved from the foster care placement as a result of the fatality. The SS was moved to a alternative home by DCDSS as they still retained legal custody of the SS. The adoption had not been finalized at the time of the fatality investigation.



Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The SS remains in foster care and his case remains open for services. Counseling services were being provided through his placement regarding the fatality of the SC. DCDCSS was continuing to work on permanency for the SS.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

The SS remains in foster care and his case remains open for services. Counseling services were being provided through his placement regarding the fatality of the SC. DCDCSS was continuing to work on permanency for the SS.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:



The FM and FF refused to talk to anyone on the advice of there attorney.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
Was there an open CPS case with this child at the time of death?	Yes
Was the child ever placed outside of the home prior to the death?	Yes
Were there any siblings ever placed outside of the home prior to this child's death?	Yes
Was the child acutely ill during the two weeks before death?	No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/08/2017	Deceased Child, Male, 2 Years	Foster Parent, Female, 36 Years	Lack of Supervision	Indicated	No
	Deceased Child, Male, 2 Years	Foster Parent, Female, 36 Years	Swelling / Dislocations / Sprains	Indicated	
	Deceased Child, Male, 2 Years	Foster Parent, Female, 36 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Deceased Child, Male, 2 Years	Foster Parent, Female, 36 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 4 Years	Foster Parent, Female, 36 Years	Lack of Supervision	Indicated	
	Sibling, Male, 4 Years	Foster Parent, Female, 36 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Sibling, Male, 4 Years	Foster Parent, Female, 36 Years	Inadequate Guardianship	Indicated	

Report Summary:

On 3/8/2017 a was report received with allegations of F/C/S, II, LS and S/D/S against the foster mother (FM) for the SC; F/C/S and IG against the foster father (FF) for the SC and the SS; F/C/S, and IG against an the FF's father for the SC and the SS; F/C/S, IG and LOS against the FM for the SS. On 3/8/17 at around 6:45 PM, the FM went to take a shower and left the SC and the SS leaving both the SC (age 2) and the SS (age 3) unsupervised. The FM was aware both children require constant adult supervision. When the FM got out of the shower, the SC was unconscious on the floor. The SC was airlifted to the hospital and was in critical condition. There was also dog feces throughout the home.

Determination: Indicated

Date of Determination: 05/08/2017

Basis for Determination:

Allegations of II, LS, S/D/S and IG were indicated against the FM because the SC sustained serious unexplained injuries while she was the sole caretaker. The FM admitted she left the chn unsupervised for an undetermined amount of time and returned to find the child unresponsive. Allegations against the FF were UNF. The home met minimal standards and the FF was not present at the time of the incident.

**OCFS Review Results:**

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

Are there Required Actions related to the compliance issue(s)? Yes No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/16/2017	Sibling, Male, 1 Hours	Father, Male, 48 Years	Inadequate Guardianship	Indicated	No
	Sibling, Male, 1 Hours	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	

Report Summary:

A SCR report received on 2/16/2017, alleging IG against the BM and the BF2 in regards to the newborn SS. There was concern for the BM's ability to care for the new baby. The BM's other children by a different father had been removed and surrendered due to their inability to care for them. The SS was removed from the BM and the BF2 care on 2/17/17. The report was indicated and a case was opened for services.

Determination: Indicated

Date of Determination: 04/12/2017

Basis for Determination:

DCDSS indicated the report for IG and filed an Article 10 petition in Family Court. The BM was not able provide a minimum degree of care. The Court ordered the removal of the SS. The BM had two other children removed from her care and surrendered for adoption. The BM has untreated MH needs and has limited cognitive abilities. The case was indicated and opened for services.

OCFS Review Results:

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

Are there Required Actions related to the compliance issue(s)? Yes No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/30/2015	Deceased Child, Male, 1 Years	Father, Male, 31 Years	Inadequate Guardianship	Indicated	No
	Deceased Child, Male, 1 Years	Mother, Female, 22 Years	Lack of Supervision	Indicated	
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 1 Years	Father, Male, 31 Years	Lack of Supervision	Indicated	
	Sibling, Male, 2 Years	Father, Male, 31 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 2 Years	Father, Male, 31 Years	Lack of Supervision	Indicated	
	Deceased Child, Male, 1 Years	Mother, Female, 22 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Lack of Supervision	Indicated	

Report Summary:

An SCR report received on 9/30/2015 and a subsequent report received on 11/5/2015 alleged IG and LS against the BM and the BF for the SC and the SS. The SS was in the care foster care and had unsupervised overnight visits with his parents. The SC remained in the home with numerous service providers assisting the parents. The parents demonstrated



inability to care for the chn, despite the instruction from various in-home service providers. At an emergency hearing on 11/24/15, the SC was removed from their care. The SC and the SS were subsequently placed together in a foster home and the BM and the BF continued to work with service providers.

Determination: Indicated

Date of Determination: 12/15/2015

Basis for Determination:

DCDSS indicated the report for IG and LS against both parents. The parents were unable to demonstrate their ability to properly supervise the chn in the home. They were not able to recognize safety hazards in the home that posed a risk to the chn. Examples of this were: unattended bath water, mouse droppings, heating vents left uncovered and choking hazards all within reach of the chn. At an emergency hearing on 11/24/15, the SC was removed from their care. The SC and the SS were subsequently placed together in a foster home and the BM and the BF continued to work with service providers. The case was transferred to the Foster Care unit.

OCFS Review Results:

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

Are there Required Actions related to the compliance issue(s)? Yes No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/10/2015	Sibling, Male, 2 Years	Father, Male, 32 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Male, 2 Years	Father, Male, 32 Years	Lack of Medical Care	Unfounded	
	Deceased Child, Male, 11 Months	Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Male, 11 Months	Mother, Female, 23 Years	Lack of Medical Care	Unfounded	
	Sibling, Male, 2 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 2 Years	Mother, Female, 23 Years	Lack of Medical Care	Unfounded	
	Deceased Child, Male, 11 Months	Father, Male, 32 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Male, 11 Months	Father, Male, 32 Years	Lack of Medical Care	Unfounded	

Report Summary:

On 6/10/15 a report was received alleging IG and LMC against the BM and the BF for the SC and IG for the SS. There were reported concerns that the BM and the BF were not taking their prescribed medication properly, leading to a decline in their parenting and home management skills. There were also reported concerns that the SC was sick and the BM and the BF were not following through with medical recommendations. There were concerns the conditions of the home were worsening.

Determination: Unfounded

Date of Determination: 08/06/2015

Basis for Determination:

DCDSS unsubstantiated the allegations of IG and LMC. Upon investigation the BM and the BF admitted to having trouble remembering to take their prescribed medication however there was no evidence this had any impact on their ability to care for the chn. The BF had met the SC'S medical needs. The home was observed to be slightly messy but there were no safety concerns. The report was UNF but remained open for FC and PPRS.

OCFS Review Results:

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.



Are there Required Actions related to the compliance issue(s)? Yes No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/28/2015	Deceased Child, Male, 6 Months	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	No
	Sibling, Male, 15 Months	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	

Report Summary:

On 1/28/15 a report was received alleging IG against the BM for the SC and the SS. There were concerns that BM was suicidal. The home was unsanitary and BM did not meet the SS needs while in the home on visitation.

Determination: Indicated

Date of Determination: 04/22/2015

Basis for Determination:

DCDSS indicated the BM for IG for both the SC and the SS. The home upon investigation was found to be unsanitary and a health hazard to the SC and the SS who had regular visitation in the home. The BM moved to a new residence and was keeping it clean. The BM did make suicidal threats but agreed to re-engage with MH treatment. The case remained open with in-home services and the SS continued to have overnight visits.

OCFS Review Results:

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

Are there Required Actions related to the compliance issue(s)? Yes No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/01/2014	Deceased Child, Male, 5 Months	Father, Male, 30 Years	Inadequate Guardianship	Indicated	No
	Sibling, Male, 1 Years	Father, Male, 30 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 1 Years	Mother, Female, 22 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 5 Months	Mother, Female, 22 Years	Inadequate Guardianship	Indicated	

Report Summary:

On 12/1/14 a report was received alleging IG against both the BM and the BF for the SC and the SS. There was a full stay away order and there was concern that the BF had violated the OOP. There were concerns BF had been in the home unsupervised with the SC and the SS. The BF had not complied with services he was ordered to attend.

Determination: Indicated

Date of Determination: 12/23/2014

Basis for Determination:

DCDSS indicated the report against the BM and the BF for IG for both the SC and the SS. It was determined during the investigation that the BF had in fact been with the children unsupervised even though supervised visits were ordered by the court. The BM was also indicated as she allowed the father unsupervised contact with the children against the Court's order. The SS remained in foster care but had regular overnight visitation in the home with the BM. DCDSS again requested a removal of the SC. The Judge ruled to keep the current OOP in place and SC remained in the home. Case was adjourned to 12/18/2014. The case remained open for services and the SS remained in care.

OCFS Review Results:



OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

Are there Required Actions related to the compliance issue(s)? Yes No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/05/2014	Deceased Child, Male, 3 Months	Mother, Female, 22 Years	Inadequate Guardianship	Indicated	No
	Deceased Child, Male, 3 Months	Unrelated Home Member, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 1 Years	Unrelated Home Member, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 1 Years	Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Sibling, Male, 1 Years	Father, Male, 30 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Sibling, Male, 1 Years	Mother, Female, 22 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 3 Months	Father, Male, 30 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Sibling, Male, 1 Years	Father, Male, 30 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 3 Months	Grandparent, Male, 43 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Sibling, Male, 1 Years	Grandparent, Male, 43 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Deceased Child, Male, 3 Months	Father, Male, 30 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 3 Months	Unrelated Home Member, Female, 25 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 1 Years	Unrelated Home Member, Female, 25 Years	Inadequate Guardianship	Unfounded	
Deceased Child, Male, 3 Months	Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Indicated		

Report Summary:

On 10/5/2014 a report was received alleging IG and F/C/S against BM, BF, MGF and unrelated home member for both the SC and the SS. Three subsequent reports came in on 10/10, 10/21 and 11/2/2014, all three reports were made duplicates under the first report. There were concerns regarding the unsanitary living conditions. There was a lack of food in the home. The SS sibling was in foster care had overnight visitation in the home on a regular basis. The report also alleged that the BM was selling her WIC checks for cash and was not using the cash to meet the needs of the SC and the SS.

Determination: Indicated

Date of Determination: 11/05/2014

Basis for Determination:

DCDSS indicated the report. The allegations for F/C/S for the SS and IG, F/C/S for the SC were Sub against the BM and BF. The allegation for F/C/S for the SC and SS were sub against the MGF. The allegations against the unrelated home member were all unsub. It was determined that the BF had threatened the BM on numerous occasions in front of the SC and the SS, the chn were afraid. The BF had a violent hx with the BM as well as previous partners. On numerous occasions the BM observed not feeding the SC appropriately and was often hunger as a result. The SS had been removed



previously for failure to thrive. DCDSS filed a neglect petition and case remained open for FC and PPRS.

OCFS Review Results:

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

Are there Required Actions related to the compliance issue(s)? Yes No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/25/2014	Deceased Child, Male, 2 Days	Father, Male, 29 Years	Inadequate Guardianship	Indicated	No
	Deceased Child, Male, 2 Days	Mother, Female, 20 Years	Inadequate Guardianship	Indicated	

Report Summary:

On 7/25/2014 a report was received alleging IG against the BM and the BF in regard to SC. On 7/23/2014 BM gave birth to SC. The SS of the SC was already in foster care, BM was unable to meet the basic needs of the SS and the SS was losing weight. There was concern for the BM and the BF's ability to care for the SC.

Determination: Indicated

Date of Determination: 08/11/2014

Basis for Determination:

DCDSS appropriately indicated the report. The allegations for IG against the BM and the BF for the SC were sub. There was an OOP through Family Court against the BF, which required that he be supervised by MGF when visiting the SS. The MGF had been assisting the BM with the care of the SS. The BM had been receiving services for ten months but had made limited progress. DCDSS filed for a removal of the SC on 7/29/2014. However, the Judge issued an OOP for BF to be supervised with both the SC and the SS. The OOP also required the parents to cooperate with preventive services for the SC and the SS remained in foster care with services. The case remained open for FC and PPRS.

OCFS Review Results:

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

Are there Required Actions related to the compliance issue(s)? Yes No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/23/2014	Sibling, Male, 4 Years	Mother, Female, 34 Years	Inadequate Food / Clothing / Shelter	Indicated	No
	Sibling, Male, 4 Years	Mother, Female, 34 Years	Inadequate Guardianship	Indicated	

Report Summary:

On 6/23/2014 a report was received alleging IG and IF/C/S. There were concerns regarding unsanitary living conditions against BM2 regarding a SS of the SC. The BF had no role and had only supervised visits with the SS outside of the home.

Determination: Indicated

Date of Determination: 09/18/2014

Basis for Determination:

DCDSS sub the allegations of IG and IF/C/S against BM2. On 8/14/2015, DCDSS filed a neglect petition for removal of this SS against the BM2, due to her inability supervise the SS adequately and maintain a safe home environment. The request for removal was denied but the Judge did order preventive services. The BF was not in the home and only had supervised visits with the SS outside the home. The case was indicated and opened for services.

OCFS Review Results:



OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

Are there Required Actions related to the compliance issue(s)? Yes No

CPS - Investigative History More Than Three Years Prior to the Fatality

2/23/09 UNF 4/16/09 allegations of IG, L/B/W & SA against the BM3 regarding a SS. The BF had no role.
 4/8/09 UNF 7/13/09 allegation of IG against the BM3 regarding a SS. The BF had no role.
 12/15/09 IND 12/21/09 allegations of IG & IF/C/S against BM2 and BF regarding a SS.
 5/20/13 IND 8/16/13 allegations of IG & Other against BM2 and UNF against the BF regarding a SS.
 10/17/13 UNF 12/12/13 Allegations of IG & LS against the BM2 and BF regarding a SS.

Known CPS History Outside of NYS

There is no known history outside of NYS.

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

On 9/13/2013 a PPS case was opened for the BM and SS born 6/23/13. The services being provided to the BM were casework counseling, parent training and preventive services for children. On 10/17/2013 an Article 10 abuse/neglect petition was filed and the SS was removed from the BM's care due to failure to thrive and placed in foster care. The preventive services remained open as part of the terms and conditions for BM to regain custody of the SS. The SS remained in foster care and the SC was born on 7/23/2014. Foster care and preventive services continued until the SC was removed and placed in foster care on 11/24/2015. the preventive services case was closed and both the SS and the SC remained in Foster care.

On 9/5/2014, an Article 10 neglect petition was filed by DCDSS in Family Court regarding a SS of the SC. The request for a removal of the SS was denied. The Family Court Judge ordered the DCDSS to provide mandated preventive services for the family. These services were opened on 9/5/2014 for the BM2, the BM and a SS of the SC. BM2 was getting assistance with managing finances, special needs parenting and help with maintaining a safe home environment. On 12/22/14 the SS was removed from BM2's care and placed in foster care. The preventive services were no longer needed and the case was closed and transferred to foster care.

Foster Care at the Time of the Fatality



The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 11/24/2015

Date of placement with most recent caregiver? 12/07/2015

How did the child(ren) enter placement? Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training



	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 07/22/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 07/22/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: The SS was removed from the foster home as a result of the fatality.				

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

On 12/16/2009 an Article 10 abuse /neglect petition was filed against the BM2 and the BF. The SS of the SC was removed and placed in foster care. An Article 6 custody the SS was than placed with a MA and MU where he remained in their care. In August of 2013 the BM2 regained custody of the SS through Family Court. Subsequently the SS was removed on 12/22/2014 as the result of an Article 10 petition. The SS was freed for adoption on 9/6/2016.

On 10/17/2013 an Article 10 abuse/neglect petition was filed and the SS was removed from the BM's home and placed in foster care. Although there were numerous services in place to assist the BM and the BF they were unable to provide adequate care of the SS. The SC was born on 7/14/2014 and Foster Care and Mandated preventive services continued. On 11/24/15 the SC was removed and placed in foster care. Subsequently despite all efforts made by service providers the BM and BF surrendered both the SS and the SC. The SS and the SC were freed for adoption on 12/13/2016 and remained together in same pre-adoptive placement. On 3/8/2017 the SC died. Because of the fatality the SS was removed from the pre-adoptive home and placed in alternative care. The SS case remained open.

On 2/16/2017 BM gave birth to a SS. On 2/17/17 the court ordered temporary removal of the SS and the SS was placed in foster care and case remained open.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity



Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No